Consulate General of the State of Kuwait
Kuwait Cultural Office
Los Angeles

القنصلية العامة لدولة الكويت
المكتب الثقافي الكويتي
لوس أنجلوس

ONLINE COURSE AUDIT REQUEST

Date:

Student Name: **Date of Birth:**

University/College ID: _____ **Cultural ID:**

Dear University/College Representative,

Greetings from the Kuwait Cultural Office, Los Angeles!

Our office would like to request your assistance in providing us with an online course audit for the above mentioned scholarship student. An online course audit is required for scholarship purposes in order to verify the number of fully-online courses/credits a student has taken at your university/college.

The online course audit must include the following information for all fully-online courses the student has taken at your university/college. **Hybrid courses do not need to be listed**:

TERM YEAR (EX: Fall 2015)	COURSE NAME & NUMBER (EX: MATH 125)	NUMBER OF CREDITS EARNED (EX: 4 credits)	APPLY TOWARDS DEGREE COMPLETION? (YES, NO, N/A)

When completed, the audit should be emailed directly from the university/college representative to [ADVISOR EMAIL].

An ONLINE COURSE AUDIT FORM has been provided on page 2 for your convenience. An official university document including the same required information is also acceptable.

If the student did not take any online courses, our office still requires an email from a university/college representative confirming the student took 0 online courses.

Please do not hesitate to contact me if you have any questions or concerns. Thank you for your assistance in advance.

Best regards,

Consulate General of the State of Kuwait
Kuwait Cultural Office | Los Angeles
801 S. Figueroa Street, 19th floor
 Los Angeles, CA USA 90017
Phone: 310-746-4789 | Fax: 310-789-1159

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ONLINE COURSE AUDIT FORM
(TO BE COMPLETED BY UNIVERSITY/COLLEGE REPRESENTATIVE)

Date:
University Name:

Student Name: **Date of Birth:**

University/College ID: _____ **Cultural ID:**

Note: Please ONLY list fully-online courses taken by the above-named student in the table below. Hybrid courses do not need to be listed. If the student did not take any fully-online courses, please write "Student did not take any fully-online courses" in the first row. Kindly sign the form when completed.

	TERM YEAR (EX: Fall 2015)	COURSE NAME & NUMBER (EX: MATH 125)	NUMBER OF CREDITS EARNED (EX: 4 credits)	APPLY TOWARDS DEGREE COMPLETION? (YES, NO, N/A)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

University/College Representative Information (person who completed this form)

Name:_____   **Title:**_____

Phone Number:_____   **Email:**_____

Signature:_____

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PLEASE EMAIL COMPLETED FORM DIRECTLY TO THE ACADEMIC ADVISOR LISTED ON THE ONLINE COURSE AUDIT REQUEST